

PATENT APPLICATION FEE DETERMINATION FORM (P)

Approved for use through 01-01-2007 OMB 0551-0061
U.S. DEPARTMENT OF COMMERCE
No information unless it displays a valid OMB control number.



08579070

NAME LAST - FIRST - MIDDLE SUFFIX	
GRADE (If applicable)	DATE (If applicable)
DEPARTMENT (If applicable)	CITY (If applicable)
ADDRESS (If applicable)	STATE (If applicable)
ZIP CODE (If applicable)	COUNTRY (If applicable)

295

[illegible]

CLAIMS AS AMENDED: 1-13

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	DEBENT EXTRA
	Total (35 CFR 1.26(b))	10	Minus	20	4
Independent (35 CFR 1.26(b))	2	Minus	4		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					

RENT	ADDITIONAL FEE
\$ <u>9</u>	
\$ <u>44</u>	
\$ <u>150</u>	
TOTAL	

DATE	ADDL TUNAL PR
18	
88	
350	
TOTAL	

AMENDMENT B

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PERCENT EXTRA
	Total (37 CFR 1.106c)	20	Minus	20	=
	Independent (37 CFR 1.106d)	3	Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					(37 CFR 1.106d)

RATE	ADDITIONAL FEE
\$ 9	
x 44 =	
\$ 150	
TOTAL	
AMOUNT DUE	

RATE	ADDITIONAL FEE
18	
00	
300	f
TOTAL	
ADDITIONAL FEE	

AMENDMENT C

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total (7 CFR 1.160)		Minus			
Independent (7 CFR 1.160)		Minus			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					(7 CFR 1.160)

DATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

	ADDITIONAL FEE
RATE	
5.12	
88	
300	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than the entry in column 1, write the entry in column 1 in column 3.
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than the entry in column 2, write the entry in column 2 in column 3.
 * The "Highest Number Previously Paid For" (total or independent), the highest number of hours that is appropriate to use in column 3.

Hurdle Hour Statement: This form is estimated to take 40 hours to complete. Time is being requested upon the needs of the individual(s).
 Any comments on the amount of time you are required to complete this form should be sent to the Information Officer, 1215 1st and Franklin
 Avenue, Washington, DC 20004. For more information, call 202-343-1111.